

Name in Full

Certificate of Death

Mary Ann Baker

Town

County

MARYLAND

Died at New Long Corner Howard

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb 13

Age

80

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

None

Husband of

John Baker

Father's

Mother's

Name

Maiden Name

154

Cause of

Primary

Congestion of Lungs

How long sick

6 days

Death

Immediate

Old age

Accident, Suicide, Homicide

Reported by

D. E. Bromwell M.D.

Address

Ridgerville

nec

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Walter Melvin Berrett

Town

County

MARYLAND

Died at Elk Ridge

Howard

Date 1902	Month Feb.	Day 2	Y. —	M. 10	D. — 12	Native of Md.	Occupation —
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Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~
 Husband of
 Wife X —

 Father's Name
 Walter F. Berrett

 Mother's Maiden Name
 Catherine Bach

Cause of Death	Primary	Chr. Basilar Meningitis	How long sick	4 months
	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by Wm R. Eareckson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chas Boston

Died at Near Ellicott City Howard

MARYLAND

Date 1902 July 4th 58 md servant
 Male White Married Widow Divorced Number of children living
~~Female~~ Colored Single Widower

Husband

Wife

Father's Name don't know Mother's Name don't know
 Maiden Name

Cause of Death { Primary 1 night's disease How long sick 5 months
 Immediate 120 Accident, Suicide, Homicide

Reported by B. J. Pym
 Address Ellicott City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sidney Brown Cavey

Died at ^{Town} Ilchester ^{County} Howard MARYLAND

Date 19 ^{Month} 12 ^{Day} Feb. 19 ^{Age} 1-3- ^{Native of} Md ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband

Wife

Father's
Name

Robert Cavey

Mother's
Maiden Name

Rosa Brown

Cause of

Primary

Bronchitis

Death

Immediate

Exhaustion

How long sick

2 weeks

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

J. W. Boring

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Henrietta Mottin Clark

Town

County

Died at

Columbia

Horrad

MARYLAND

Date 19

02

Month

Day

2 28

Age

Y.

M.

D.

11 - -

Native of

Ind

Occupation

none

~~Male~~

White

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

John R. Clark

Mother's

Maiden Name

Susan Orange

Cause of

Primary

Diphtheria

How long sick

one week

Death

Immediate

Heart failure

92

Accident, Suicide, Homicide

Reported by

Thos. B. Orange

Address

Ellcott Aky -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Joseph Brown

Died at

Town

West-Friendship

County

Howard County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 1st

Age

22

-

-

Maryland

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank Brown

Mother's

Maiden Name

Sarah Smith

Cause of

Primary

Phthisis,

27

How long sick

8 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. Hark & Son

Address

West

Friendship

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Carroll A. Hebern

Died at

In ^{own} Laurel

County

Prince Georges MARYLAND

Date 19

02 Feb. 37

Age

Y. 4 - M. D.

Native of

Md.

Occupation

chess

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Chas. Hebern.

Mother's

Maiden Name

Alice Clark.

Cause of

Primary

marasmus

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. Ryerly
Laurel.

Address

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Georgianna Johnson

Town

County

Died at

MARYLAND

Date 1902	Month 3	Day 1	Age 45	Y. M. D.	Native of Md	Occupation House Keeper
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living 1		

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Valvular Inefficiency of Heart.

How long sick

several months.

Death

Immediate

Heart Failure -

Accident, Suicide, Homicide

Reported by

W. W. L. Crissel.

Address

Highland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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0170113

Name In Full

Certificate of Death

Manrander Jones

Town

County

Died at

MARYLAND

Date

1902 Feb. 6

Age

23

Native of

Maryland

Occupation

Female

Colored

Single

Widow

Number of children living

Husband
of

Wife

Father's
Name

Cause of

Death

Reported by

Address

Mother's
Name

How long sick

Accident, Suicida, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Alberta Kelley
 Town County

Died at

MARYLAND

Date 19

02

Month

Day

Feb 9

Age

Y.

M.

D.

1 7 9

Native of

Maryland

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Albert Kelly

Rachel Kelley

Cause of

Primary

Spinal disease

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Milton Easton

Address

Ellicott City

M.d.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Wm R. Keys
 Died at *Laurel* Town *Prince Georges* County *Howard* MARYLAND

Date 19*02* Month *Feb* Day *12* Y. *5* M. *0* D. Native of *Ind* Occupation *Carpenter*
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Number of children living *6*

Husband of *Ann Keys*
 Wife *Ann Keys*
 Father's Name *not ascertained* Mother's Name *Mary Keys*
 Maiden Name *not ascertained*

Cause of Death { Primary *Tuberculosis* How long sick *18 months*
 Immediate *Exhaustion* Accident, Suicide, Homicide ☐

Reported by *W F. Faylor M.D.*
 Address *Laurel Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William S. Luthicum

Died at

Town

County

MARYLAND

Date 19

02

Month

Feb.

Day

6

Age

79-

Y.

M.

D.

Native of

Md.

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Hezekiah Luthicum

Mother's

Maiden Name

Anne Dorsey

Cause of

Primary

Surgical Tuberculosis

How long sick

6 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. F. Bryner

J. F. Bryner
J. F. Bryner
Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 75923



Mary Nelson

Near Dayton, Town

County

Harvard,

MARYLAND

Died

Date 1902

Month Day

Feb. 21.

Y. M. D.

Age 36, 8, 5, Md.

Native of

Occupation

Housework.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4.

Husband of
WifeFather's
Name

Samuel Nelson

Mother's
Name

George Clark. Lurisa Clark.

Cause of

Primary

Pulmonary Tuberculosis.

How long sick

3 months.

Death

Immediate

Asthma.

Accident, Suicide, Homicide

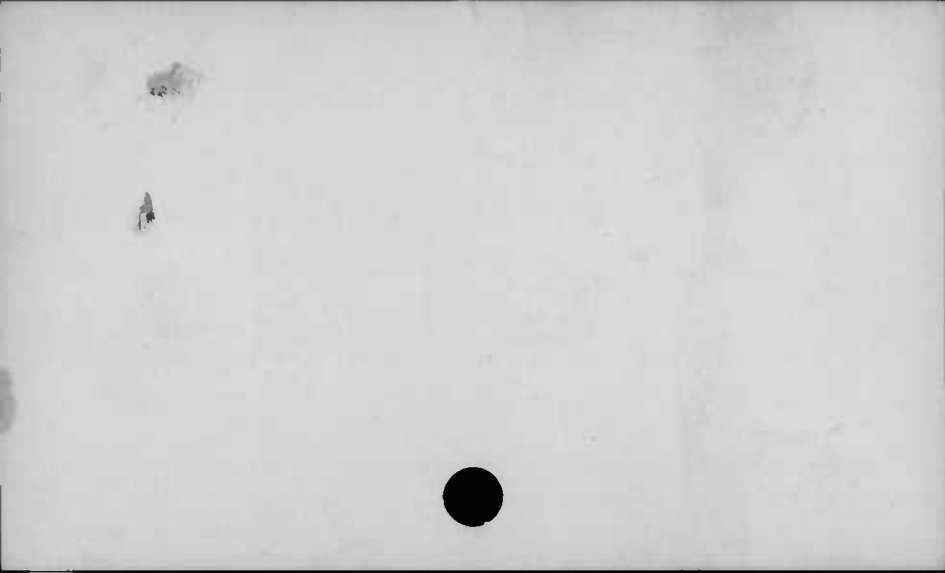
Reported by

L. G. Owens, Md.

Address

Philadelphia, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Reuben G. D. Rice

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

How long sick

6 weeks

Death

Immediate

Exhaustion of vital forces

Accident, Suicide, Homicide

Reported by

W. J. D. Downey

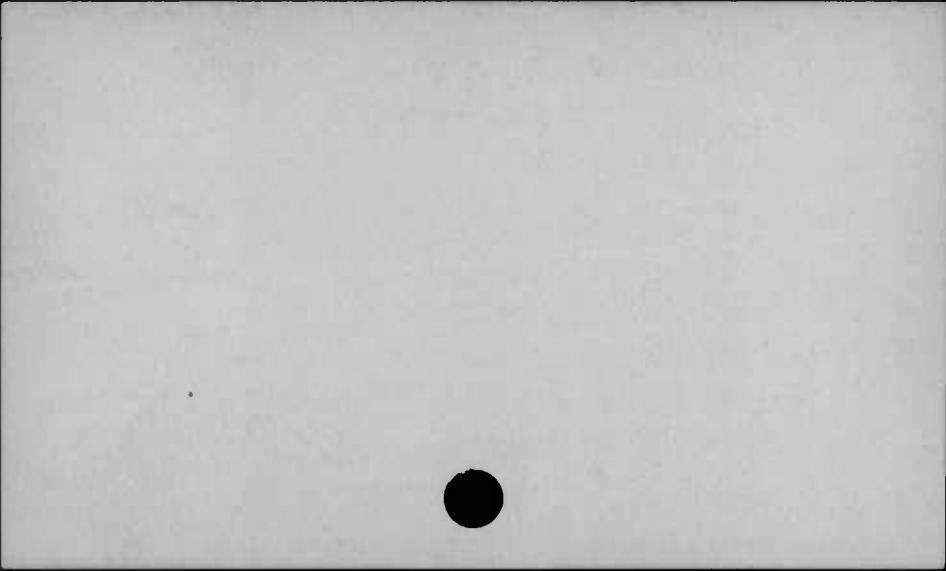
Address

Free Market

MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73895



Name in Full William Scott
 Died at Elliott City Howard Co Jail MARYLAND
 Date 1902 Feb 16 1902 Feb 16 1902 Feb 16
 Male White Married Widow Divorced Occupation Bayport
Female Colored Single Widower Number of children living unknown
 Husband of _____
 Wife _____
 Father's Name unknown 112 Mother's Name unknown
 Cause of Death { Primary Chronic Hepatitis with Dropsy How long sick about 2 weeks
 Immediate Pneumonia Accident, Suicide, Homicide _____
 Reported by William E. Hodges M.D.
 Address Elliott City Md.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary J. Waters

Town

County

Died at

Eek Ridge

Howard

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

February 28

Age

1-18--

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Albert Shore

Mother's

Maiden Name

Edith Waters

Cause of

Primary

Capillary Bronchitis

How long sick

about a week

Death

Immediate

probably CO₂ - died in convulsion

Accident, Suicide, Homicide

Reported by

M.R. Eareckson

Address

Eek Ridge -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Warters

Died at ^{Town} Elkridge ^{County} Howard MARYLAND

Date 1902	Month Feb	Day 4	Age 40 + 7	Native of Md	Occupation Laborer
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband
of
Wife

Father's Name Thomas Warters	Mother's Maiden Name Pictar Johnston
------------------------------	--------------------------------------

Cause of Death	Primary	Consumption	How long sick 6 Months
	Immediate		Accident, Suicide, Homicide

Reported by	Dr Harrison Tongue
Address	Elkridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Grace Weigandt

Town

County

Died at Harwood

Howard

MARYLAND

Date 1902	Month Febr'y.	Day 17	Y. 27	M. 8	D. 16	Native of Md.	Occupation Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living		1	

~~Deceased~~ of R. Lee Weigandt
 Wife

Father's Name George Hopwood
 Mother's Maiden Name Margaret E. Tomlinson.

Cause of Death { Primary Acute Catarrhal Phthisis
 Immediate Exhaustion

How long sick
 2 months.

Accident, Suicide, Homicide

Reported by M. R. Eareckson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles, G. Miles,

Town

County

Died at

MARYLAND

Date 19⁰² ^{Month} Feb ^{Day} 14 ^{Y.} Age 21 ^{M.} 3 ^{D.} 11 ^{Native of} Ind ^{Occupation} millhand
 Male White Married- Widower Divorced
 Female Colored Single- Widower Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

2

How long sick

Two years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. Gassay Waltemeyer

Address

Ino H. Steaker.

Millerton
Sub Registrar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Unknown

Town

County

Died at

MARYLAND

Date 19

02 Feb 5
 Month Day Y. M. D.
 Age 45 35
 Male ~~White~~ Married ~~Widow~~ Divorced
~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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